



CLAIMS AGAINST THE CITY OF TEMPE
For Damages to Persons or Personal Property

NOTE: State Statute requires that claims *must* be filed within 180 days after the cause of action accrues. By submitting the following information the claimant complies with the requirements of A.R.S. 12-821.01 regarding claims against a municipality.

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1. Name of Claimant _____ Spouse Name _____
Claimant's Date of Birth _____

2. If Minor, name of Legal Guardian _____
Guardian's Date of Birth _____

3. Address of Claimant _____
City _____ State _____ Zip _____
Home Phone No _____ Work Phone No _____ Cell No. _____

4. Occurrence or event from which the claim arises:
a. Date of Loss _____ b. Time of Loss _____ c. Police Report No. _____
d. Location of Incident (*exact and specific*) _____

e. Specify the particular occurrence, event, act or omission you claim caused the injury or damage
(*use additional paper if necessary*) _____

f. State how or wherein the City of Tempe or its employees were at fault _____

5. Give the name(s) of the City employees having knowledge of or involved in the incident (*if auto accident involving a City vehicle, please provide city vehicle description & license plate number, driver name and department*) _____

6. Describe claimants injury, property damage, auto damage (include year, make & model of your vehicle) or loss. If there were no injuries, state "no injuries."

7. Dollar amount requested to settle this incident \$ _____
a. Basis for computation of amounts claimed (*include copies of all bills, invoices, estimates, receipts etc*)

8. Name and addresses of all witnesses, hospitals, doctors, etc. _____

9. Any additional information that might be helpful in considering claim: _____

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM!!

(Sec A.R.S. 13-2310 Insurance Code 44-1220)

I have read the matters and statements made in the above claim I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____, 20____

Claimants Signature _____